

Quality health plans & benefits  
Healthier living  
Financial well-being  
Intelligent solutions

**aetna**<sup>®</sup>

# Experience the Aetna difference **International Healthcare Plan for individuals and families**

Effective date: Policies issued from 1 October 2013  
[www.aetnainternational.com](http://www.aetnainternational.com)



## **Policy Summary**

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With more than 160 years of experience covering over 500,000 members around the world, we are well-positioned to provide comprehensive health benefits solutions to help meet your ever-changing needs.

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# Global solutions — made easy.

That's our commitment to you. We're dedicated to providing you with a first-class service throughout all of our interactions.



At Aetna, your health and the health of your family lies at the centre of everything we do. Through our first-class approach to service, we work to provide you with innovative and comprehensive products and services that make a positive impact on your well-being.

We take your health benefits needs to heart. That's why we've established a strong global presence, with a local footprint that touches

key areas all over the world. With employees located in 10 countries, know first hand the unique health care experiences faced by globally-mobile individuals. This enables us to best meet the needs of our valued members with confidence and compassion.

**Contact Aetna today, to find out how our solutions can help fulfil your health and wellness needs.**



## Our service philosophy

At Aetna, we want our members to be satisfied every time they interact with us. To achieve this goal, we have dedicated areas within the organisation focused on delivering a first-class service experience.

### The member experience

#### Member Service Centre

The 24/7 Aetna International Member Service Centre is committed to making sure our members get the care they need, when they need it.

Members can receive assistance with:

- Questions on claims, benefit levels and cover
- Claims processing in many languages
- General benefit and plan inquiries

#### International Health Advisory Team

The International Member Service Centre is a member's one-stop resource, both day and night. Taking personalised service one step further, we can easily connect members to our International Health Advisory Team (IHAT). IHAT is our dedicated, clinical team that interacts one-on-one with our members to provide:

- Pre-trip planning
- 24/7 support that's tailored to the individual's specific health needs
- Identification of providers and specialists
- Worldwide coordination of routine and urgent medical care
- Assistance with obtaining prescription medications and medical devices
- Coordinating second opinions for complex cases
- Benefit coordination
- Coordination of care for return to home country after assignment completion

- Discharge planning
- Clinical claim and international standards of care reviews
- Maternity management

#### Innovative tools and resources

Our first-class service philosophy extends far beyond our organisational capabilities. Aetna is committed to providing valuable information through technological innovation.

With their cover, members have access to tools and resources via the Aetna International secure member website at [www.aetnainternational.com](http://www.aetnainternational.com) to help them navigate their health care experience more easily, including:

- Doctor and medical facility search tool that allows members to find screened and approved physicians and medical facilities
- Online claims submission and claims lookup to manage and keep track of claims status
- Health and wellness information to help members improve or maintain their health, given lifestyle, diet and/or conditions
- Health and security news with the latest risk ratings and security alerts
- City profiles inclusive of travel information such as vaccination requirements and emergency phone numbers
- Drug and medical phrase translation services with features that allow members to search for medication availability by country
- Mobile doctor directory applications helping members to find direct-settlement facilities in their city
- More mobile applications coming soon

## Value-added wellness programmes

Wellness is a lifelong path, and the journey is different for each individual — whether they are healthy, at risk of disease or injury, managing a chronic condition or experiencing a major health event.

With this in mind, we've developed **Aetna Global Health Connections** — a complimentary wellness offering which includes the following programmes:

### Cancer Outreach and Support

Members with cancer can get assistance to help them understand their condition and locate helpful resources without a “one size fits all” approach. Instead, each interaction is customised to a member's unique health situation. Members can even speak one-on-one with a registered nurse who is committed to helping them reach their best health.

### Health and Wellness Education

Whether members are healthy individuals looking for additional healthy lifestyle tips — or have a chronic condition and want to learn how to reach their optimal state of health — we offer an array of health and wellness education materials to aid them in their efforts.

The Aetna International Wellness Centre provides helpful information, including health topics such as:

- asthma
- cancer
- coronary artery disease
- maternity
- stress management

*Members have access to these tools and resources via the Aetna International secure member website at **[www.aetnainternational.com](http://www.aetnainternational.com)**.*

# International Healthcare Plan overview

## An innovative, flexible solutions offering

We offer a range of plans and optional benefits so you can maximise your health care budget and manage costs. Just select from one of four base plans, then choose from a selection of additional benefits.

## Demands and needs statement

At Aetna, we strive to ensure that all our policies are of real benefit to our individual customers. Therefore, we ask each customer to carefully consider which Aetna policy best meets their own specific needs.

Aetna Global Benefits (Asia Pacific) Limited is an execution-only business. We do not provide advice regarding which plan best suits your individual requirements. Therefore, it is your responsibility to determine which policy type is most suitable for you.

We also recommend that policyholders should frequently review their health insurance requirements to ensure their current policy continues to meet those requirements.

**STEP 1:**  
***Choose a  
base plan.***

**STEP 2:**  
***Choose your  
optional benefits.***

**STEP 3:**  
***Choose your  
excess.***

## STEP 1: Choose a base plan.

### Major Medical

### Foundation

### Lifestyle

### Lifestyle Plus

#### **Major Medical**

A comprehensive range of benefits, including, but not limited to:

- Inpatient and day patient treatment
- Evacuation and transportation
- Accident and emergency treatment outside area of cover
- Outpatient care (capped)
- Alternative treatment

#### **Foundation**

Major Medical benefits, plus:

- Outpatient psychiatric treatment
- Hormone replacement therapy
- Traditional Chinese or Ayurvedic medicine
- Increased outpatient care (fully covered)

#### **Lifestyle**

Foundation benefits, plus:

- Chronic conditions
- Extended emergency evacuation
- Increased home nursing

#### **Lifestyle Plus**

Lifestyle benefits, plus:

- Routine pregnancy
- Routine dental treatment
- Major restorative dental treatment

## STEP 2: Choose your optional benefits.

**Optional benefits help you upgrade cover.**

- Extended emergency evacuation (optional for Major Medical and Foundation)
- USA elective treatment (available on Foundation, Lifestyle and Lifestyle Plus)
- Outpatient direct settlement network - nil excess (available on Foundation, Lifestyle and Lifestyle Plus)
- Hong Kong semi-private room restriction (subject to Hong Kong residency)
- China private room restriction (subject to China residency)

## STEP 3: Choose your excess.

Each product option carries a standard excess applicable to each new medical condition. You can amend this by selecting alternative options.

#### **Major Medical**

- Standard: Nil
- USD options: \$1,000 or \$5,000

#### **Foundation**

- Standard: \$100
- USD options: Nil, \$50, \$250, \$500, \$1,000, \$2,000 or \$5,000

#### **Lifestyle**

- Standard: \$100
- USD options: Nil, \$50 or \$250

#### **Lifestyle Plus**

- Standard: \$100
- USD options: Nil, \$50 or \$250

# International Healthcare Plan Policy Summary

To find out about the key features of the International Healthcare Plan, please see the following Policy Summary.

The words and phrases that are in bold have specific meanings, and are defined in the member handbook.

This will be a 12 month **policy** starting from the **date of entry** or any subsequent **renewal date**, as applicable.

This policy summary does not contain the full terms of the **policy**; these can be found in the **certificate of insurance** and member handbook.

This product covers **you** for eligible **elective medical treatment** worldwide excluding the U.S. **Members** are covered for **accident and emergency treatment** in the U.S. for new **medical conditions**. **Members** who wish to benefit from U.S. **Elective Treatment** should select an appropriate plan and this **benefit** option.

	Major Medical	Foundation	Lifestyle	Lifestyle Plus
<p><b>Maximum Annual Aggregate Limit</b></p> <p>We will provide <b>cover</b> for the <b>treatment</b> of <b>medical conditions</b> that first occur during any <b>period of cover</b> and where <b>treatment</b> is actually given during the current <b>period of cover</b> or where such <b>medical conditions</b> have occurred prior to the <b>date of entry</b> but have been declared to and accepted by <b>us</b> in writing. All costs incurred must be <b>medically necessary</b> and subject to <b>reasonable and customary charges</b>, based on the average <b>treatment</b> costs applicable to the region in which the <b>treatment</b> was received, as determined by <b>us</b>. <b>Inpatient</b> accommodation costs are for a standard <b>private room</b> unless the <b>benefit</b> options for Hong Kong Semi Private room or China Private room have been selected.</p>	A maximum of \$1,600,000 per member per period of cover			
<b>Inpatient, Day Patient, Emergency Care and Diagnostics</b>				
<p><b>Inpatient Care</b></p> <p><b>Reconstructive Surgery and Rehabilitation</b></p> <p>Charges incurred for the <b>treatment</b> of a <b>medical condition</b>, including stabilisation of an <b>acute</b> exacerbation of a <b>chronic</b> condition, when <b>treatment</b> is received as an <b>inpatient</b> or <b>day patient</b> including:</p> <ul style="list-style-type: none"> <li>i) Accommodation and associated charges.</li> <li>ii) Admittance to the intensive care unit.</li> <li>iii) Nursing by a <b>qualified nurse</b>.</li> <li>iv) Surgical procedure fees and operating theatre fees.</li> <li>v) <b>Medical practitioner</b> fees including surgeon, consultations, <b>specialist</b> and anaesthetist fees.</li> <li>vi) Diagnostic procedures including but not limited to pathology tests, Ultrasound scans and x-rays.</li> <li>vii) <b>Drugs, dressings</b>, medicines and <b>appliances</b> prescribed by a <b>medical practitioner</b> or <b>specialist</b>, including Traditional Chinese Medicine.</li> <li>viii) Reconstructive surgery (including <b>outpatient treatment</b>) to restore natural function or appearance required as a result of an <b>accident</b> or illness occurring during the <b>period of cover</b> and where <b>treatment</b> takes place within 12 months of the insured event occurring.</li> <li>ix) <b>Rehabilitation</b> (including <b>outpatient treatment</b>) in a recognised <b>rehabilitation</b> unit of a <b>hospital</b> subsequent to <b>inpatient treatment</b> lasting 3 days or more. The <b>rehabilitation</b> must take place within 14 days of discharge from the <b>inpatient</b> admission and must be recommended and under the direct control of a <b>medical practitioner</b>. <b>Treatment</b> includes the use of special treatment rooms, physical and / or speech therapy fees, and other services usually given by a <b>rehabilitation</b> unit.</li> </ul>	<ul style="list-style-type: none"> <li>i) Covered in full</li> <li>ii) Covered in full</li> <li>iii) Covered in full</li> <li>iv) Covered in full</li> <li>v) Covered in full</li> <li>vi) Covered in full</li> <li>vii) Covered in full</li> <li>viii) Covered in full</li> <li>ix) <b>Rehabilitation</b> is covered in full up to 120 days per <b>medical condition</b></li> </ul>			
<p><b>Ancillary Charges</b></p> <p>The purchase or rental of crutches or wheelchairs following <b>treatment</b> as an <b>inpatient</b> or <b>day patient</b>.</p>	Up to \$1,000 per <b>medical condition</b>			



	Major Medical	Foundation	Lifestyle	Lifestyle Plus
<p><b>Accident &amp; Emergency Treatment in the US</b>  <b>Benefit</b> is payable for medical expenses that arise as a result of an <b>emergency</b>, which requires the member to seek <b>treatment</b> in the <b>accident and emergency</b> unit of a <b>hospital</b> whilst temporarily travelling inside the USA and where the <b>medical condition</b> did not exist prior to travel and the member was <b>treatment-</b>, symptom- and advice- free.</p> <p>This <b>benefit</b> extends to include <b>outpatient treatment</b> arising as a result of an <b>accident or emergency</b>, whilst the member is temporarily travelling in the USA and where the <b>medical condition</b> did not exist prior to travel and the member was <b>treatment-</b>, symptom- and advice- free. For <b>outpatient treatment</b>, a <b>benefit excess</b> applies.</p> <p>In the event of <b>accident and emergency treatment</b> being required inside the USA, the member should contact us either before or as soon as possible after admission to the <b>accident and emergency</b> unit of the <b>hospital</b>.</p> <p>Complications of pregnancy and/or childbirth are not covered under this <b>benefit</b>.</p>	<p>Covered in full for <b>inpatient treatment</b></p> <p><b>Outpatient treatment</b> is limited to \$500 per <b>medical condition</b> and subject to an <b>excess</b> of \$80 per <b>medical condition</b></p>			
<p><b>CT PET and MRI scans</b>  Scans received as an <b>inpatient, day patient or outpatient</b>. These must be pre-authorized by us.</p>	Covered in full			
<p><b>Organ transplant</b>  The <b>organ transplants</b> covered under this <b>policy</b> are: heart, heart/lung, lung, kidney, kidney/pancreas, liver, allogenic bone marrow, and autologous bone marrow.</p>	Covered in full			
<p><b>Inpatient psychiatric treatment</b>  <b>Treatment</b> received in a registered psychiatric unit of a <b>hospital</b>. All <b>benefits</b> are conditional on pre-authorization from us and all <b>treatment</b> being administered under the control of a registered psychiatrist.</p> <p>Without our written confirmation prior to such <b>treatment</b>, we will not be liable to pay any <b>benefit</b>. However, the initial consultation with the <b>medical practitioner</b> (not a psychiatric <b>specialist</b>) that results in a psychiatric referral is covered without the requirement for pre-authorization.</p>	Covered in full (up to 30 days) per period of cover			
<p><b>Accidental damage to teeth</b>  <b>Treatment</b> received in an <b>accident and emergency</b> ward of a <b>hospital</b> or dental clinic, within 10 days of incurring accidental damage to sound natural teeth, except when the accidental damage has been caused through eating. Follow-up <b>treatment</b> is limited to one visit within 30 days following your initial <b>treatment</b> and must be pre-authorized by us.</p>	Covered in full			
<p><b>Hospital cash</b>  Where the member receives <b>treatment</b> for an eligible <b>medical condition</b> as an <b>inpatient</b> and no costs are incurred for accommodation and <b>treatment</b>, we will pay a cash <b>benefit</b>. To claim this <b>benefit</b>, the member should ask the <b>hospital</b> to sign and stamp his/her claim form.</p> <p>This <b>benefit</b> is not applicable to admissions into the <b>accident and emergency</b> facility of the <b>hospital</b>. The <b>policy excess</b> does not apply.</p>	Up to \$125 per night for a maximum of 20 nights per <b>medical condition</b>			
<p><b>Parental accommodation</b>  <b>Hospital</b> accommodation costs of a parent or legal guardian staying with a member who is under 18 years of age and is admitted to <b>hospital</b> as an <b>inpatient</b>.</p>	Covered in full			

	Major Medical	Foundation	Lifestyle	Lifestyle Plus
<b>Disease and Chronic Condition Management</b>				
<b>Oncology</b> All medically necessary treatment received for, or related to, the diagnosis of cancer when received as an inpatient, day patient or outpatient including palliative treatment.	Covered in full			
<b>Chronic conditions</b> Routine checkups, drugs and dressings prescribed for management of the condition, hospital accommodation nursing, renal dialysis, surgery and palliative treatment of chronic conditions (excluding cancer). Costs for the treatment of cancer are covered under the oncology benefit. The policy excess does not apply.	Not available		Up to \$15,000 per insured person per period of cover	
<b>Congenital Anomalies</b> Treatment of congenital anomalies that manifest after the member's cover commences with us, or that manifest in a dependant child born in the year prior to cover commencing.	Up to \$100,000 per medical condition			
<b>AIDS</b> Medical expenses that arise from, or are in any way related to, Human Immunodeficiency Virus (HIV) and/or HIV related illnesses, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) and/or any mutant derivative or variations thereof. Expenses are limited to pre- and post-diagnosis consultations, routine checkups for this condition, drugs and dressings (except experimental or those unproven), hospital accommodation and nursing fees. For this benefit, the general exclusion for sexually transmitted diseases does not apply.	Up to \$10,000 per insured person per period of cover			
<b>Hormone Replacement Therapy</b> Medical practitioner or specialist consultations and the cost of prescribed tablets, implants or patches when treatment is for the female menopause which has been induced artificially and/or through early onset (by early onset we mean prior to age 40).	No cover	Covered in full up to 18 months per lifetime		
<b>Outpatient and Alternative Treatments</b>				
<b>Outpatient Care</b> Medical practitioner, specialist, consultant and nursing fees, outpatient charges including diagnostic and surgical procedures including pathology, x-rays, drugs and dressings and appliances prescribed by a medical practitioner or specialist. Physiotherapy on referral by a medical practitioner is restricted to 10 sessions per medical condition, after which it must be further reviewed by a specialist. A medical report will be required for outpatient physiotherapy after 10 sessions. A referral letter/report must be submitted with the first claim for such treatment.	Up to \$1,700 per medical condition prior to hospitalisation and up to 60 days immediately following hospitalisation. Alternative treatment up to 10 sessions in aggregate per medical condition, and subject to the benefit limit above.	Covered in full		
<b>Alternative Treatment</b> Treatment administered by registered chiropractors, osteopaths, homeopaths, podiatrists and acupuncturists when given under the direct control of and following referral by a medical practitioner or specialist.	See <b>Outpatient care</b>	Covered in full up to 10 sessions in aggregate per medical condition		

	Major Medical	Foundation	Lifestyle	Lifestyle Plus
<p><b>Outpatient Surgery</b> This <b>benefit</b> extends to cover the cost of endoscopy investigations carried out under an <b>outpatient</b> basis. This includes gastroscopy, bronchoscopy, colonoscopy, colposcopy, but excludes laparoscopy and arthroscopy which are covered under the <b>inpatient care benefit</b>.</p>	Covered in full			
<p><b>Outpatient Psychiatric Treatment</b> For <b>outpatient</b> psychiatric <b>treatment</b>, including <b>specialist</b> consultations, all <b>treatment</b> must be pre-authorized by <b>us</b> and must at all times be administered under the direct control of a registered psychiatrist. Without <b>our</b> written confirmation prior to such <b>treatment</b>, <b>we</b> will not be liable to pay any <b>benefit</b>. However, the initial consultation with a <b>medical practitioner</b> (not a psychiatric <b>specialist</b>), which results in a psychiatric referral, is covered without the requirement for pre-authorization.</p>	No cover	Up to \$5,000 per period of cover		
<p><b>Home Nursing</b> Nursing care given outside a <b>hospital</b> that is immediately received subsequent to <b>treatment</b> as an <b>inpatient</b> or <b>day patient</b> on the recommendation of a <b>specialist</b>. This must be provided by a <b>qualified nurse</b> and not provided for domestic reasons or convenience. This must be pre-authorized by <b>us</b>.</p>	Covered in full up to 30 days per <b>medical condition</b>		Covered in full up to 28 weeks per <b>medical condition</b>	
<p><b>Traditional Chinese or Ayurvedic Medicine</b> <b>Treatment</b> administered by a recognised <b>medical practitioner</b>.</p>	No cover	\$30 per session to a maximum of 10 sessions		

## Evacuation and Transportation

### Emergency Transportation

Emergency transportation costs to and from hospital to receive treatment as an inpatient or day patient, by the most appropriate transport method when considered medically necessary by a medical practitioner or specialist.

This benefit does not include the cost of car hire.

Covered in full

### Evacuation & Additional Travel Expense

Evacuation of a member in the event of an emergency, where treatment is not readily available at the place of the incident, to the nearest appropriate medical facility as determined by us, by the most appropriate method of transportation as determined by us, for the purpose of admission to hospital as an inpatient or day patient.

Evacuation is subject to written agreement from us, prior to travel and certified instructions to us from the attending medical practitioner or specialist including confirmation that the required treatment is unavailable at the place of incident.

This benefit excludes all maternity and childbirth costs except where these are covered under the benefit for Complications of Pregnancy, and any air-sea rescue or mountain rescue costs that are not incurred at recognised ski resorts or similar winter sports resorts.

Cover is provided for:

- i) Evacuation costs including the costs of one other person to travel with the member as an escort, if medically necessary.
- ii) Travel to and from medical appointments when treatment is being received as a day patient.
- iii) For an accompanying person to travel to and from the hospital to visit the member following admission as an inpatient.
- iv) Economy class airline tickets to return the member and the escort to the country of residence or to the country where evacuation occurred.
- v) Non-hospital accommodation for the member and escort for immediate pre- and post-hospital admission periods provided that the member is under the care of a specialist.

i) Covered in full

ii) Covered in full

iii) Covered in full

iv) Covered in full

v) Up to \$150 per person per day and \$5,000 per person, per evacuation

	Major Medical	Foundation	Lifestyle	Lifestyle Plus
<p><b>Extended Evacuation</b></p> <p>This benefit covers the evacuation costs of a member in the event emergency treatment is not readily available at the place of incident, to the nearest appropriate medical facility, country of residence, country of nationality or country of the member's choice for the purpose of admission to hospital as an inpatient or day patient, including the cost of one other person to travel with the member as an escort if medically necessary.</p> <p>Evacuation is subject to written agreement from us prior to travel and certified instructions to us from the attending medical practitioner or specialist including confirmation that the required treatment is unavailable in the place of incident. The member's country of choice is limited to appropriate medical facilities being in place and where it is medically suitable at our discretion. This option is not operative where travel is undertaken against the advice of our medical advisors or where the nominated country does not have the appropriate facility to treat the medical condition. Our medical advisors will decide the most appropriate method of transportation for the evacuation.</p> <p>This benefit excludes any air-sea rescue or mountain rescue costs that are not incurred at recognised ski resorts or similar winter sports resorts, all maternity and childbirth costs except where these are covered under the benefit for complications of pregnancy, and elective treatment in the USA unless this benefit has been purchased and appears on the member's benefit schedule.</p>	Optional		Covered in full	
<p><b>Mortal remains</b></p> <p>In the event of death from an eligible medical condition: transportation of the body of a member or his/her ashes to the country of nationality or country of residence or burial or cremation costs at the place of death in accordance with reasonable and customary practice. Necessary burial or cremation fees including:</p> <ul style="list-style-type: none"> <li>- The cost of reopening a grave and burial costs, or</li> <li>- The cost of opening a new grave and burial costs, including any exclusive right of burial fee, or</li> <li>- In the case of cremation: <ol style="list-style-type: none"> <li>1. The cremation fee</li> <li>2. The cost of any doctor's certificates</li> <li>3. The cost of removing a pacemaker or other medical device which must be removed before the cremation</li> </ol> </li> </ul> <p>But not including costs related to other funeral expenses, such as:</p> <ul style="list-style-type: none"> <li>- Funeral director's fees</li> <li>- Flowers</li> <li>- The cost of any documents needed for the release of the money, savings and property of the deceased</li> <li>- The necessary cost of a return journey for you to either: <ol style="list-style-type: none"> <li>1. Arrange the funeral, or</li> <li>2. Attend the funeral</li> </ol> </li> </ul>	Up to \$8,500 per insured person			

**Mother and Child****Routine Pregnancy**

Costs associated with normal pregnancy and childbirth, including normal deliveries as a result of infertility **treatment** (assisted conception), voluntary caesarean section costs and **medically necessary** caesarean costs due to any non-medical previous caesarean sections. This **benefit** covers the cost of pre- and post-natal checkups for up to six weeks, prescribed pre natal vitamins and delivery costs, including costs associated with qualified midwives, when associated with delivery. All costs relating to complications of pregnancy or childbirth following infertility **treatment** (assisted conception) will be limited to this **benefit**. This **benefit** extends to include routine neo natal care and **new born** packages (including elective circumcision) for the first 24 hours following birth, when the baby is accompanying its mother whilst she is receiving **treatment** as an **inpatient** in a **hospital** (mother being an insured **member**).

The **newborn** must be enrolled as a **member** within 30 days after birth in order to be eligible for any **benefits** (as per **Policy** terms) after the first 24 hours. The **policy excess** does not apply to this **benefit**. A 12 month wait period applies from the purchase date of this **benefit** or the **member's date of entry**, whichever is the later.

No cover

Up to \$10,000 per pregnancy and subject to 20% **coinsurance** (reduced to 10% for Hong Kong residents selecting Semi-Private Room or when utilizing a maternity package in a pre-approved provider facility).

**Complications of Pregnancy**

**Treatment** of a **medical condition** arising during the antenatal stages of pregnancy, a **medical condition** arising during childbirth and one that requires a recognised obstetric procedure, and post natal checkups required as a result of the complication of pregnancy for up to six weeks. Complications arising as a result of assisted conception, including, but not limited to, premature or multiple births are excluded from this **benefit**.

This **benefit** is payable after the first 12 months from the **commencement date** or **date of entry**, whichever is the later.

Covered in full

**New Born Care**

**Inpatient treatment** of an **acute medical condition** being suffered by a **new born** baby, and which manifests itself within 30 days following birth. Complications arising as a result of assisted conception, including, but not limited to, premature or multiple births, are excluded from this **benefit**. In circumstances where a **congenital anomaly** occurs in a **new born** baby, **cover** will be excluded under this **benefit** and payable under the **benefit** for **congenital anomalies**.

Subject to written notification within 30 days of birth and all premiums being paid in full within 30 days of the premium due date, the **member's dependent** will be eligible for **cover** under the full **benefits** of the **policy**.

**Inpatient treatment** of an **acute medical condition** being suffered by a **new born** baby, and which manifests itself within 30 days following birth, is covered under the **new born benefit** and not under the **inpatient care benefits** of the **policy**. A declaration of health is required with respect to all **dependants** who are born following infertility **treatment** (assisted conception).

Up to \$100,000 per insured person per period of cover and to a maximum of 90 days hospital stay

**New Born Accommodation**

**Hospital** accommodation costs relating to a **new born** baby (up to 16 weeks old) to accompany its mother (being a **member**) whilst she is receiving **treatment** as an **inpatient** in a **hospital**, following discharge from the original delivery.

Covered in full

	Major Medical	Foundation	Lifestyle	Lifestyle Plus
<b>Dental Benefits</b>				
<p><b>Dental 1 - Routine Dental Treatment</b></p> <p>Fees of a <b>dental practitioner</b> carrying out routine dental <b>treatment</b> in a dental surgery. Routine dental <b>treatment</b> is defined as: examinations, tooth cleaning, normal compound fillings and simple non-surgical extractions.</p> <p>This <b>benefit</b> excludes orthodontic <b>treatment</b>, restorative <b>treatment</b> and dental implants.</p> <p>The <b>policy excess</b> does not apply.</p> <p>A 6 month wait period applies from the purchase date of this <b>benefit</b> or the <b>member's date of entry</b>, whichever is the later.</p>	No cover		Up to \$700 per <b>period of cover</b> and subject to 25% <b>coinsurance</b>	
<p><b>Dental 2 - Major Restorative Dental Treatment</b></p> <p>This <b>benefit</b> covers the fees of a <b>dental practitioner</b> and associated costs for the <b>treatment</b> of the following specified procedures: removal of impacted, buried, or unerupted teeth, removal of roots, removal of solid odontomes, apicectomy, new or repair of bridge work, new or repair of crowns, root canal <b>treatment</b>, new or repair of upper or lower dentures, and removal of wisdom teeth (whether performed in <b>hospital</b> or in dental surgery, whether performed by a <b>dental practitioner</b>, <b>specialist</b> or an oral or maxillofacial surgeon).</p> <p>This <b>benefit</b> excludes orthodontic <b>treatment</b>, routine <b>treatment</b> and dental implants.</p> <p>The <b>policy excess</b> does not apply.</p> <p>A 9 month wait period applies from the purchase date of this <b>benefit</b> or the <b>member's date of entry</b>, whichever is the later.</p>	No cover		Up to \$1,500 per <b>period of cover</b> and subject to 25% <b>coinsurance</b> . In aggregate to routine dental limit.	
<b>Options to Reduce Costs</b>				
<p><b>China Private Room Restriction</b> (residents of mainland China only)</p> <p><b>Benefit</b> is restricted to <b>semi-private room</b> and corresponding rates when receiving <b>treatment</b> as an <b>inpatient</b> or <b>day patient</b> outside mainland China.</p>	Covered in full			
<p><b>Hong Kong Semi-Private Room Restriction</b> (residents of Hong Kong only)</p> <p>This <b>benefit</b> refunds the cost of a <b>semi-private room</b> or corresponding rates when receiving <b>treatment</b> as an <b>inpatient</b> or <b>day patient</b>.</p>	Covered in full			
<b>Options to Upgrade Cover</b>				
<p><b>Outpatient Direct Settlement Network - nil excess</b></p> <p>This <b>benefit</b> is available where a Nil or \$100 <b>policy excess</b> has been selected.</p>	Not available		<p><b>Outpatient</b> consultations are available on a <b>nil excess</b> basis where <b>treatment</b> is received in network. Where <b>outpatient</b> consultations take place outside the <b>direct settlement network</b> the <b>policy excess</b> applies.</p>	
<p><b>USA Elective Treatment</b></p> <p>i) <b>Inpatient</b> or <b>day patient treatment</b> received inside the <b>direct settlement network</b></p> <p>ii) <b>Inpatient</b> or <b>day patient treatment</b> received outside the <b>direct settlement network</b></p> <p>iii) <b>Outpatient treatment</b></p> <p>The International Healthcare Plan (IHP) does not comply with the Patient Protection and Affordable Care Act (U.S. healthcare reform), and cannot be used to satisfy any requirements for health insurance <b>cover</b> mandated therein.</p>	Not available		<p>i) Covered in full</p> <p>ii) Up to \$1,000,000 per member per <b>period of cover</b> and subject to 50% <b>coinsurance</b></p> <p>iii) Covered in full</p>	

### Excess Options

Each product option carries a standard **excess** applicable to each new **medical condition**. You can amend this by selecting alternative options.

Standard	Nil	\$100	
Options (USD)	\$1,000 or \$5,000	Nil, \$50, \$250, \$500, \$1,000, \$2,000, or \$5000	Nil, \$50 or \$250

## Medical underwriting

### Moratorium underwriting

Our standard approach to medical underwriting.

At the **member** level, **cover** is not provided for any **medical condition** in existence on the date that individual is accepted into the **policy (date of entry)** until it has been treated such that the individual is symptom and **advice**-free for two consecutive years following the **date of entry** with regard to that **medical condition**. This **policy** does not cover the **treatment** of pre-existing **chronic** conditions.

### Full medical underwriting

Should **we** accept **cover**, **we** may apply additional terms and exclusions, which will be shown on **your certificate of insurance**.

### Continuous transfer terms

For **members** wishing to transfer from other **policies**. This feature may incur additional premium.

The acceptance by us of the **member's** original **date of entry** as shown by the **member's** current insurer will be applied to the **member's** policy with us. We will maintain the **member's** existing underwriting or special acceptance terms, as offered by the **member's** existing insurer, such as any moratoria or specific exclusions, and the **member's** policy with us will be governed by the terms and conditions of our **policy**. Any transfer will be subject to no enhanced **benefits** being provided. We reserve the right at all times to decline a **continuous transfer terms** request without giving any reason or impose/include additional exclusions.

## Plan currency

The Sterling (£) currency is available to **policyholders** registered in the United Kingdom.

The Euro (€) currency is available to **policyholders** registered in Europe.

The US Dollar (\$) currency is available to **policyholders** outside of the United Kingdom and Europe.

## Payment frequency

Bank transfers or cheques are available on an annual basis. These are accepted in the US Dollar, Euro and Sterling currencies, but must be payable in the same currency as the plan currency selected.

Direct debits are available for **members** paying in Sterling on a monthly or annual basis (and paid from a UK bank account).

Credit card payments may be paid on an annual or monthly basis.

A surcharge will apply for payments made on a monthly basis.

## Policyholder's right of termination

After the **commencement date**, this **policy**, or any **cover** included, may only be terminated by the **policyholder**, as to all or any class of its **members**, with effect from the **renewal date**. We must be given written notice of intent to non-renew within 15 days of **your renewal date**. If the **policy** is terminated by the **policyholder** at any other time, whatsoever the reason, there will be no return of premium.



# Frequently asked questions

**Q.** Am I eligible for cover?

**A.** International Healthcare Plan (IHP) will cover globally-mobile individuals who live or work outside of the country that issued their passport, providing the individual is of pre-retirement age at the time of joining.

**Note:** In some countries we are unable to provide cover. For specific details, contact your Aetna representative.

**Q.** Are my family members eligible for cover as well?

**A.** Yes. Your spouse or adult partner can be added as a dependant. Your unmarried children, under the age of 18, are eligible dependants as well. Your children enrolled as full-time education students are eligible until the age of 26.

**Q.** Is a medical examination required to enroll in the plan?

**A.** No. In the rare instance that we require additional information for fair and accurate underwriting purposes, we will ask you to submit a medical report from your doctor.

**Q.** Will the plan cover any illnesses or injuries that I had prior to enrolling in the plan?

**A.** Cover for all pre-existing medical conditions are excluded during the first two years of membership. Future costs will be covered providing you do not have any symptoms, treatment or advice for that condition during this two year period.

**Q.** Am I covered when travelling worldwide?

**A.** All members are covered for elective medical treatment in your area of cover, the standard area of cover is Worldwide excluding the U.S. members who wish to benefit from U.S. Elective Treatment should select an appropriate plan and this benefit option.

Additionally, for members with Worldwide excluding U.S. cover who are temporarily travelling in the U.S., we will pay for treatment arising as a result of an accident or emergency for new medical conditions for which you have not previously experienced symptoms, sought advice or received treatment.

**Q.** How is the policy excess applied?

**A.** You are responsible for the policy excess. It is applied to each new medical condition and is deducted by the Aetna claims department upon settlement of the claim.

**Q.** How do I know if I am covered before treatment?

**A.** You should dial the Aetna International Member Service Centre to determine whether treatment is covered under your policy prior to a planned admission into the hospital.

**Q.** Can the level of cover be adjusted during the policy term?

**A.** No. The level of cover can only be changed at the renewal date. At that time, we will work with you to ensure any benefit level changes are appropriately adjusted.

**Q.** Am I able to obtain forms and information online?

**A.** Yes, you have access to claim forms as well as global health and security information at [www.aetnainternational.com](http://www.aetnainternational.com).

**Q.** Does the plan include cover for elective treatment in the U.S.?

**A.** Cover for elective treatment in the U.S. is only available if the USA Elective Treatment option is selected. This can be purchased with the Foundation, Lifestyle and Lifestyle Plus plans.

Where the member has not elected to provide USA Elective Treatment, they are covered for accidents and emergencies only. Travelling expenses will be covered under the Evacuation benefit in the event of an emergency, if the visiting location does not offer the appropriate treatment or care needed.

**Q.** How can members submit a claim?

**A.** Upon inception, each member will receive a membership card. This provides them with the contact information for the Aetna International Member Service Centre and information they need to register for the Aetna International secure member website. Members can use either resource to submit a claim.

We reserve the right to deny any claim that is not submitted within 180 days of the treatment date. Claims may only be made for treatment given during a period of cover. The benefit will only be payable for expenditure incurred prior to expiry or termination.





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